Case Summary

Complaint Against the Hospital Authority (HA) for the Poor Co-ordination between the Department of Surgery (D of S) and the Intensive Care Unit (ICU) in the Prince of Wales Hospital (PWH), resulting in the Repeated Postponements of Operation for the Complainant's Father

Mr A, father of the complainant, found that his face had turned yellow and attended the PWH in December 1995 for a detailed medical examination. A Dr B told him and his family that he was suspected to suffer from cancer in the bile duct and that there would be an 80% chance for complete recovery if an operation could be done as soon as possible. Dr B also informed them that this major operation would be done by a Dr C of the D of S and that for his safety, arrangement would be made to place him under intensive care in the ICU for a minimum of two days after the operation.

2. After about three weeks, Dr B called Mr A and admitted him to the PWH to receive the planned operation. Mr A followed the hospital's advice not to eat any food for 24 hours prior to the operation. However, the operation was cancelled because no ICU bed could be made available after the operation. Mr A was later discharged from the PWH.

3. In early March 1996, Mr A was once again instructed by Dr B to return to the PWH for the operation. After he had abstained from eating for 24 hours to prepare for the operation, it was once again called off because of the same reason of no ICU bed.

4. The complainant and his family were concerned about the negative impacts of the postponements of the operation on Mr A both physically and psychologically and had made known their worries to the doctors. On 6 March 1996, the complainant and his mother met Dr C in the ward and his mother was told that Mr A would have the operation the next day.

5. On 7 March 1996 Mr A received the operation but was admitted to the Surgical Ward instead of the ICU. Mr A was later discharged but admitted to the PWH in May 1996 when his conditions deteriorated. He finally died on 27 May 1996.

6. The complainant felt aggrieved because he considered that the co-ordination problem between the D of S and the ICU of the PWH had

caused his father's operation to be postponed twice and put his father's life at risk after the operation.

FINDINGS & OBSERVATIONS

7. This Office has the following findings and observations on this complaint -

(a) According to the information provided by HA, the operation was cancelled only once on 6 March 1996 because an ICU bed could not be made available. This is at variance with the complainant's recollection that the operation had been postponed twice. This Office finds the complainant's version more convincing because Mr A had actually signed two consent forms for the same operation, one on 26 February 1996 and another one on 5 March 1996. The fact that Mr A was asked to sign a consent form on 26 February 1996 suggests that the operation was intended to be performed imminently on Mr A, as normally, patients would be required to sign the form shortly, if not immediately, before the operations. The evidence that Mr A was asked to sign another consent form for the same operation on 5 March 1996 further supports the complainant's allegation that an operation was intended to be performed earlier than in March 1996. The reason is that if the consent form signed on 26 February 1996 was intended to cover the operation in March 1996, there would not be any need to ask Mr A to sign the consent form for the same operation again on 5 March 1996. On the other hand, if the consent form had only a short validity period, which is believed to be the case, the doctors of the D of S would not have asked Mr A to sign the consent form on 26 February 1996 to cover an operation scheduled for 6 March 1996.

(b) According to the HA, the operation was intended to be an exploratory laparotomy to assess whether the cancer of the liver was operable. At operation, the tumour was assessed to be too advanced for resection. Accordingly, PWH did not regard this as a major operation for which an ICU bed would be needed as an essential support facility.

(c) According to the ICU of the PWH, patients requiring post-operative ICU care normally have a bed booked in ICU by both the surgeon (via the operation sheet) and the anaesthetist (after discussion with ICU staff) the night prior to the surgery. There is no evidence to show that the D of S had followed these procedures to reserve an ICU bed for Mr A in advance.

(d) According to Dr C, the operation scheduled on 6 March 1996 was cancelled because of the lack of ICU bed and again, there was no ICU bed on 7 March 1996. Dr C claimed that he quite commonly did liver resections without an ICU bed and could get an ICU bed reserved for emergency cases in case he needed it. He decided to proceed with the operation after he

had talked to the anaesthetist. Despite this, Dr C still could not explain the reason why a decision was made to perform the operation on 7 March 1996 without ICU support whereas under exactly the same situation, he decided to postpone the operation on 6 March 1996 (and an earlier one in February 1996 according to para. 7 (a)).

(e) Despite the claim by Dr C, this Office notes that in actual fact the ICU consultants decide the priority for admission to the ICU in PWH. Therefore, the final decision whether to admit Mr A to the ICU or not rests with the ICU consultants and not with Dr C. Furthermore, Dr C could not have known that Mr A would not need ICU support until after the exploratory laparotomy had been performed. The evidence suggests that Dr C was relying on the emergency procedure for admission to ICU in case a major operation was performed on Mr A whereas for better co-ordination an attempt could have been made to book the ICU bed according to proper procedure.

CONCLUSION

8. Based on the above, this Office is of the view that there is strong evidence to suggest that a co-ordination problem exists in PWH as far as the D of S and ICU are concerned. This Office therefore concludes that this complaint is **substantiated**.

RECOMMENDATIONS

9. In connection with this complaint, this Office recommends that the HA reviews the co-ordination between the D of S and the ICU at PWH with a view to improving the situation.

RESPONSE FROM HA

10. HA disagreed with some points but accepted the recommendation of this investigation that the PWH should review the co-ordination between its D of S and ICU with a view to improving the situation.

FINAL REMARKS

11. After careful consideration of HA’s comments, this Office cannot find any fresh evidence or sufficient ground to change the findings of the investigation. This Office is pleased to note that the HA will take positive measures to improve the co-ordination between the D of S and the ICU in PWH so that similar incidents may be avoided.

Office of The Ombudsman

Ref.: OMB 1089/96
January 1997